|  | PATENT   | APPLICA                                   | N FEE                   | 10/516623                         |              |                  |                     |                     |                        |            |                     |                        |
|--|--|---|-------------------------|-----------------------------------|--------------|------------------|---------------------|---------------------|------------------------|------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I   |  |   |                         |                                   |              |                  |                     | SMALL E             | NTITY                  | OR         |                     | THAN<br>ENTITY         |
| -  | TAL CLAIMS                                     | <del></del>                               | (Cotumn                 | 1)                                | (            | Column 2)        | 1                   |                     |                        | ]<br>1     |                     |                        |
| TOTAL CLAIMS   |  |   | <del> </del>            |                                   |              |                  |                     | RATE                | FEE                    | 1          | RATE                | FEE                    |
| FOR  |  |   | HUMBER F                |                                   | NUMBER EXTRA |                  |                     | BASIC FEE           |                        | OR         | BASIC FEE           | 950                    |
| 101  | AL CHARGEA                                     | BLE CLAIMS                                | 20 mi                   | nus 20 a                          | •            |                  |                     | X\$9=               |                        | OR         | X \$ 18 =           |                        |
| INDEPENDENT CLAIMS   |  |   | / m                     | inus 3 =                          | .—           |                  |                     | X \$ 44 =           |                        | OR         | X \$ 88 =           |                        |
| MILE   | TIPLE DEPEN                                    | DENT CLAIM P                              | RESENT -                |                                   |              |                  | + \$ 150 =          |                     | OR                     | +\$ 300 =  |                     |                        |
| • 11   | the difference                                 | in column 1 i                             | s less than zer         | zero, enter "O" in column 2       |              |                  |                     | TOTAL               |                        | OR         | TOTAL               | 950                    |
| CLAIMS AS AMENDED - PART II (Cotumn 2) (Cotumn 3)  |  |   |                         |                                   |              |                  |                     | SMALL               | ENTITY                 | OR         | OTHER               |                        |
| AMENDMENT A  |  | CLABAS<br>REMAINING<br>AFTER<br>AMENDMENT |                         | HIGH<br>NUMB<br>PREVIO<br>PAID    | BER<br>DUSLY | PRESENT<br>EXTRA |                     | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | .16                                       | Minus                   | -2                                | 0            | - /              |                     | X\$9=               |                        | OR         | X \$ 18 =           |                        |
|  | Independent                                    | • /                                       | Minus                   | 2                                 | }            | -/               | Ì                   | X\$44=              |                        | OR         | X \$ 88 =           |                        |
|  | FIRST PRESE                                    | ENTATION OF                               | MULTIPLE DEP            | ENDENT                            | CLAIM        |                  | Ì                   | + \$ 150=           |                        | OR         | + \$ 300 =          |                        |
|  |  |   |                         |                                   |              |                  |                     | YOTAL<br>ADDIT, FEE |                        | OR         | TOTAL<br>ADDIT, FEE |                        |
| <u>۱</u> (   | >-2.01   |   | ,                       | (Colum                            |              | (Column 3)       |                     |                     |                        |            |                     |                        |
| AMENDMENT 8  |  | CLABAS<br>REMAINING<br>AFTER<br>AMENDMENT |                         | HIGH<br>NUM<br>PREVIO<br>PAID     | BER<br>NUSLY | PRESENT<br>EXTRA |                     | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | · 22                                      | Minus                   | -21                               | C            | · 2              |                     | X \$ 9 =            |                        | OR         | x \$50=             | 2100.00                |
|  | indopendent                                    | •   | Minus .                 | - 3                               |              | • —              | ſ                   | X \$ 44 =           |                        | OR         | X \$ 88 =           |                        |
|  | FIRST PRESE                                    | NTATION OF N                              | ULTIPLE DEPENDENT CLAIM |                                   |              | Ī                | +\$ 150 =           |                     | OR                     | + \$ 3Q0 = |                     |                        |
|  |  |   | •                       | TOTAL<br>ADOIT, FEE               |              | OR               | TOTAL<br>ADDIT, FEE | \$100.00            |                        |            |                     |                        |
|  | ·<br>  | (Column 1)                                | ,                       | (Colum                            |              | (Column 3)       |                     |                     |                        |            |                     |                        |
| AMENO  |  | CLARAS<br>REMAINING<br>AFTER<br>AMENDMENT |                         | HIGH!<br>NUME<br>PREVIO<br>PAID I | ER<br>USLY   | PRESENT<br>EXTRA |                     | RATE .              | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | .22                                       | Minus                   | - 2                               | 2            |                  | ı                   | X\$9-               | -                      | OR.        | X\$18=              | ٠٠. الحدود             |
|  | Independent                                    | • /                                       | Minus                   | 3                                 | 3            |                  | ľ                   | X \$ 44 =           |                        | OR         | X S 88 =            | •                      |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                         |                                   |              |                  |                     | + \$ 150 =          |                        | OR         | • S 300 =           |                        |
| * If the entry in column 1 is less than the entry to column 2 withe "V is column 3.  ** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.  *** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 30.  The "Highest Number Previously Paid For IN THIS SPACE is less than 11, enter 31. |  |   |                         |                                   |              |                  |                     |                     |                        |            |                     |                        |